

2. Name (Last, First, MI) MARKYVECH, RONALD, K. 3. Div/Dept. No. 0039 0380 4. Report No. _____
 Secy: Carole Hibner 5. Dates of Expense: From 8-29-94 To 8-31-94

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		8-29-94	8-30-94	8-31-94		8/26/94		
7. City		TRAVERSE	MARSHALL	MARSHALL		Southfield		
State/Country		MI	MI	MI		MI		
8. Meals		15 35	17 33	16 28				48 96
9. Incidentals								
10. Hotel/Motel		77 76	45 78					123 54
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
13. Telephone		1 79						1 79
14. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
15. Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
16. Employee Purchased Transp.								
17. *Entertainment								
18. Parking								
19. *Guest Meals								
20. Company Paid Transportation								
21. Leased Car Maint. (Detail Over)								
22. *Other						14 22		14 22
23. Total Expense		94 90	63 11	16 28		14 22		188 51

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			5956-01	123.54
			905				
	74	09	907			5956-01	48.96
			920				
	74	04	410			5956-01	1.79
	74	02	294			5956-01	14.22
						Total	188.51

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

PAID SEP 13 1994

Purpose of Trip: PROJECT #5956-01 AUTO SPLIT CONCEPT TRANSMISSION DEVELOPMENT ROAD TRIP.

*Explain Expenditures Above By Day:

Sunday: _____
 Monday: LINE 8 PURCHASED BREAKFAST FOR TOM GENISE, JOHN DRESDEN AND MYSELF.
 Tuesday: LINE 8 PURCHASE LUNCH FOR TOM GENISE, JOHN DRESDEN AND MYSELF.

Wednesday: LINE 8 PURCHASE LUNCH FOR TOM GENISE, JOHN DRESDEN AND MYSELF.

Thursday: _____

Friday: LINE 22 INCLUDED SMALL PARTS PURCHASED EARLIER FOR THIS PROJECT

Saturday: _____

Exhibit 3

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature R. K. Markyvech Date 8-6-94

Authorized For Reimbursement

Approved D. G. Smedley Date 9/13/94

1. Employee No. 21700

2. Name (Last, First, MI)

DRESDEN, JOHN III

3. Div/Dept. No. 039

4. Report No. 1

5. Dates of Expense: From 8-29-94

To 8-31-94

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date		8-29	8-30	8-31				
7. City								
State/Country								
8. Meals		10 00	15 00	10 00				35 00
9. Incidentals								
10. Hotel/Motel		83 15	45 78	53 41				182 34
Subtotal								129 36
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
Telephone			7 63					7 63
4. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)								
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
6. Employee Purchased Transp.								
7. Entertainment								
8. Parking								
9. Guest Meals								
0. Company Paid Transportation								
1. Leased Car Maint. (Detail Over)								
2. Other		6 35						6 35
3. Total Expense		99 50	68 41	10 00				177 91

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			5956-01	128.93
			905				
	74	09	907			5956-01	35.00
			920				
	74	04	410			5956-01	7.63
	74	02	294			5956-01	6.35
						Total	177.91

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

595678 AID SEP 13 1994

Purpose of Trip: TEST AUTO SPLIT TRANS

Explain Expenditures Above By Day:

Monday: _____

Monday: PART FOR TRUCK RADIO

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature [Signature]

9-5-94

Date

Authorized For Reimbursement

Approved

[Signature]

9/7/94

Date